

JUVENILE REHABILITATION ADMINISTRATION (JRA)
INFORMED CONSENT FOR PLETHYSMOGRAPH EXAMINATION

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CLIENT'S NAME	JRA NUMBER	DATE OF BIRTH	SCHEDULED EXAMINATION DATE
<p>The purpose of this plethysmograph examination has been explained to me. I understand such examinations can be utilized to infer useful information about my current sexual arousal pattern, which can assist counselors in making decisions about my current course of treatment. I have been told the results of this examination cannot be used to assess guilt or innocence for alleged sexual misconduct.</p> <p>I understand this examination involves listening to audio tapes describing people engaging in a variety of deviant and non-deviant forms of sexual behavior. I understand I will be asked to wear a gauge type of instrument that will measure penile tumescence (erections) as I listen to these tapes. I have been told I will have complete privacy throughout this examination, and I will not be viewed in any state of undress by the examiner at any time during this procedure. I understand plethysmograph examinations can create some anxiety and/or embarrassment, but I have been assured that they are not physically uncomfortable or dangerous in any way. I have been told this procedure is completely voluntary, and I do not have to go through it unless I feel it will be helpful to my treatment. I understand I can choose to stop this procedure at any time, for any reason, and the examiner will discontinue testing at my request. I have been told there are other ways to obtain information about my sexual interests (such as clinical interviews, tests, and questionnaires) in the event I elect not to participate in this procedure. I understand this examination will result in a written report, which will be shared with my primary counselor and other treatment staff involved in making treatment decisions on my behalf. This report will then be placed in my case file and become part of my official case record.</p> <p>I have had the above explained to me, and have had the opportunity to ask questions and get clarification regarding all of the information on this form. I hereby consent to this examination.</p>			
CLIENT SIGNATURE			DATE
PARENT/LEGAL GUARDIAN SIGNATURE SIGNATURE REQUIRED IF CLIENT IS LESS THAN 18 YEARS OF AGE			DATE
WITNESS			DATE